

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/520142**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102				/		
103						
104				/		
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107						
108			/			
109				/		
110				/		
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148						
149						
150						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	5	←		←
TOTAL CLAIMS			6			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
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198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51			/			
2				/			52			2			
3							53						
4				/			54						
5							55			/			
6							56			/			
7				/			57						
8				/			58			/			
9				/			59						
10				/			60						
11							61			/			
12							62			/			
13				/			63			/			
14				/			64			/			
15							65			2			
16				/			66						
17							67						
18							68			/			
19				/			69			/			
20				/			70						
21				/			71			/			
22				/			72			/			
23				2			73			/			
24							74						
25							75						
26				/			76			/			
27				/			77			/			
28							78						
29				/			79			/			
30				/			80			/			
31				/			81			/			
32							82						
33							83						
34				/			84						
35				/			85						
36							86			/			
37				/			87			/			
38				/			88			/			
39				/			89			/			
40							90			/			
41							91			/			
42			/				92			/			
43				/			93						
44							94						
45				/			95						
46							96						
47							97			/			
48				/			98			/			
49				/			99			/			
50				/			100						
TOTAL IND.		↓	8	↓		↓	TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	30	←		←	TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			32				TOTAL CLAIMS			32			